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f. Physical environment (safety and mobility in home; accessability).

g. In-depth resource analysis and planning (coordination of insurance and veterans benefits, other sources of financial and in-kind assistance).

h. Vocational/Educational Status (prognosis for employment; educational/vocational needs; appropriateness/availability of educational programs).

i. Legal Status (guardian relationships, involvement with the legal system).

Assessments must be done by a person from a discipline that matches the apparent needs or dysfunctions identified in the prescreening. Persons from other relevant disciplines should be used to interpret the results of the assessment. Using the assessment to document service gaps and unmet needs, the case management provider is able to act as an advocate for the recipient and at the same time assist other human services providers in their planning and program development.

Should the assessment reveal that the person does not need case management services, appropriate referrals should be made to meet other client needs.

2. Care/Services Plan Development - Following the assessment and determination of need for case management, a written plan of care is developed as a vehicle to address the needs of the recipient. To the maximum extent possible, the development of a care plan is a collaborative process involving the recipient, his/her family or other support systems, and the case management provider.

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Case management services must be guided by a written care plan. The plan should include, at a minimum:

a) problems identified during the assessment.
b) goals to be achieved.
c) reference to all formal services arranged, including costs and specific providers.
d) reference to all services and contributions provided by the information support system; there should be evidence of effort by the case management provider to develop the support system.
e) documentation of who has been involved in the care planning; the recipient, if responsible, must be involved; his/her continued participation in the care program is evidence of his/her involvement.
f) schedules of service initiation and frequency; anticipated dates of delivery; schedules for case management monitoring and reassessment.
g) documentation of unmet needs and service gaps.

3. Linking/Coordination of Services - Through negotiation and referrals, the case manager links the client to various providers of care. The case manager may refer to his/her own agency for some of the direct services but he/she may not restrict the recipient's choice of service provider in violation of Section 1902(a)(23). In many cases it will be necessary to mobilize one or more sets of resources to make adequate services available. This requires the case manager to act as an advocate for the recipient.

4. Reassessment/Follow-up - A standardized re-examination of the client's status and needs is conducted on a periodic basis (related to indicators in plan of care and the time frames for service delivery). This allows adjustments in the plan of care as well as a determination of the appropriate level of involvement by the case manager.

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5. Monitoring of Services - The case management provider ascertains on an ongoing basis what services have been delivered and whether they are adequate for the needs of the client. Client satisfaction is also monitored. Adjustments in the plan of care or arrangements for service providers may be required. This monitoring function does not preclude or take the place of independent monitoring for purposes of evaluation or Medicaid quality assurance.

E. QUALIFICATION OF PROVIDERS

Providers: Case management provider organizations must be certified by the single state agency as meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management services including:

   a) Comprehensive client assessment;
   b) Comprehensive care/service plan development;
   c) Linking/coordination of services;
   d) Monitoring and follow-up of services;
   e) Reassessment of the client's status and needs.

2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.

3. Demonstrated experience with the target population.

4. A sufficient number of staff to meet the case management service needs of the target populations.

5. An administrative capacity to ensure quality of services in accordance with State and federal requirements.

6. A financial management capacity and system that provides documentation of services and costs.

7. Capacity to document and maintain individual case records in accordance with State and federal requirements.

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Providers of mental health case management services to targeted group A must meet the qualifications for Medicaid enrollment as mental health clinic services providers.

Qualifications of Case Managers: A mental health case manager must:

1. Be either a Qualified Mental Retardation Professional (QMRP) as defined at 42 CFR, 442.40, or a Qualified Mental Health Professional (QMHP) as defined in Michigan's Medicaid State Plan provisions for mental health clinic services providers; or

2. At a minimum, possess a bachelor's degree in a human services field and function under the supervision of a QMRP or a QMHP.

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A. Target Group:

See attached targeted group B.

B. Areas of State in which services will be provided:

[X] Entire State

[ ] Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.

[X] Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services

Assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services. (See Definition of Services - for targeted group A.)

E. Qualification of Providers:

See attached.

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CASE MANAGEMENT SERVICES

A. TARGET GROUP:

Targeted Group B: This targeted group consists of persons with functional limitations in the actitivies of daily living who have a documented need for personal care services. In addition, such persons must have multiple service needs and lack the capacity or support systems to independently access and effectively use the health, social, rehabilitation, education, and other services required to remain in, or return to, a community-based setting.

A person in this targeted group may reside in his own home, the household of another, or a supervised residential setting.

E. QUALIFICATION OF PROVIDERS:

Providers: Case management provider organizations must be certified by the single State agency as meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management services including:

   a. Comprehensive client assessment
   b. Comprehensive care/service plan development
   c. Linking/coordination of services
   d. Monitoring and follow-up of services
   e. Reassessment of the client's status and needs

2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.

3. Demonstrated experience with the target population.

4. A sufficient number of staff to meet the case management service needs of the target populations.

5. An administrative capacity to insure quality of services in accordance with State and federal requirements.

6. A financial management capacity and system that provides documentation of services and costs.

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7. Capacity to document and maintain individual case records in accordance with State and federal requirements.

Qualifications of Case Managers: Case managers must have, at a minimum, a bachelor's degree in a human services field and two days training in the provision of case management services.

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CASE MANAGEMENT SERVICES

A. Target Group:

See attached targeted group C.

B. Areas of State in which services will be provided:

|X| Entire State

|_| Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.

C. Comparability of Services

|_| Services are provided in accordance with section 1902(a)(10)(B) of the Act.

|X| Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services

Assessment; care/services plan development; linking/coordination of services; reassessment/follow-up; monitoring of services. (See Definition of Services for targeted group A.)

E. Qualification of Providers:

See attached.

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A. TARGET GROUP:

Targeted Group C: This targeted group consists of persons who are:

1. At least 60 years old and disabled, or at least 65 years old, and

2. Medically eligible for Medicaid-covered nursing home services, and

3. Seeking admission to, or at risk of entering, such a facility, and

4. Documented as having multiple, complex and diverse services needs and a lack of capacity and support systems to address those needs without case management.

Persons in this targeted group may reside in their own homes, the home of another, or a supervised living arrangement.

E. QUALIFICATION OF PROVIDERS

Providers: Case management provider organizations must be certified by the single State agency as meeting the following criteria:

1. Demonstrated capacity to provide all core elements of case management services including:

   a. Comprehensive client assessment
   b. Comprehensive care/service plan development
   c. Linking/coordination of services
   d. Monitoring and follow-up of services
   e. Reassessment of the client's status and needs

2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.

3. Demonstrated experienced with the target population.

4. A sufficient number of staff to meet the case management service needs of the target populations.

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5. An administrative capacity to insure quality of services in accordance with State and federal requirements.

6. A financial management capacity and system that provides documentation of services and costs.

7. Capacity to document and maintain individual case records in accordance with State and federal requirements.

Qualifications of Case Managers: A case manager team leader must be certified as a Registered Nurse (R.N.), or licensed to practice as a professional nurse in the State of Michigan. Social workers may be case managers if they possess a bachelor's degree in a human services field or experience as social workers, and receive approved case management training.